



Medicine Supply Notification

MSN/2022/024

Diamorphine 100mg and 500mg powder for solution for injection ampoules

Tier 2 – medium impact*

Date of issue: 16/03/2022

Link: [Medicines Supply Tool](#)

Summary

- Diamorphine 100mg and 500mg ampoules are out of stock until late May 2022.
- Diamorphine 5mg, 10mg and 30mg ampoules remain available but are unable to support an uplift in demand. A Supply Disruption Alert remains in place due to their unpredictable supply.
- All morphine preparations remain available and can support an increase in demand during this time.

Actions Required

All healthcare professionals in primary and secondary care including hospices, (excluding specialist substance misuse treatment), who prescribe, dispense, or administer diamorphine, should continue to work with their local Medication Safety Officer (MSO), pharmacy procurement teams or local lead within their organisation to:

- review patients to determine if they can be switched to morphine sulfate solution for injection or another opioid;
- ensure that existing stock is reserved for patients unable to switch to an alternative opioid;
- monitor patients for symptom control or signs of overdose after switching agents; and
- review worksheets for those units producing prefilled syringes of diamorphine (for intrathecal administration) from high strength ampoules.

Those in specialist substance misuse treatment who prescribe, dispense, or administer diamorphine for the treatment of opioid dependence should work with their pharmacy or clinical leads to:

- ensure that patients are treated with an alternative opioid substitute, such as long-acting oral morphine, and monitor patients for sign of overdose and symptom control, adjusting the dose where necessary.

Supporting information

The UK is the only country that uses diamorphine for medicinal analgesic purposes. Diamorphine is metabolised to morphine and in terms of analgesic efficacy and effect on mood, it has no clinical advantages over morphine by oral or subcutaneous/intramuscular routes. In addition, morphine injection is less costly than diamorphine and does not have to be reconstituted. Information has previously been provided in a Supply Disruption Alert (see link below) advising that morphine should be considered a first line treatment option.

Should stock of these high strength diamorphine ampoules run out, clinicians will need to review patients to determine whether morphine or another opioid is an appropriate agent to switch to.

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

Points to consider

- Diamorphine is much more water soluble than morphine and may be preferred to morphine in the very few patients where high dose injections are needed, as smaller volumes can be used. As the maximum concentration of morphine available is 30mg/mL, this may be an issue for patients requiring high doses of subcutaneous morphine, particularly bolus doses for breakthrough pain where the volume given should not exceed 2mL. If volume is an issue, advice should be sought from the palliative care team.
- Care is needed when switching from one opioid analgesic to another to ensure equipotent dosage. Diamorphine 100mg injection is **approximately** equivalent to morphine 150mg (SC/IV/IM) injection.
- As mentioned in the actions, patients should be carefully monitored after any drug switch and dose titration may be required.
- When converting from diamorphine to other subcutaneous opioids, consideration will also need to be given to drug compatibility in the syringe driver and the total volume of infused drugs.
- When converting to alternatives in regional anaesthesia, consideration will need to be given to use of preservative-free opioids.
- Opioid dependent patients in drug treatment programmes who are receiving high dose injectable diamorphine treatment may experience difficulties switching to alternatives; the local drug treatment service should be contacted for advice on managing this group.

Please refer to local guidance, the BNF or the Palliative Care Formulary for information on dose conversion to other opioids; and contact relevant specialist teams for advice on management of individual cases.

Please also refer to SmPC's, specialist guidance and previous Supply Disruption Alert issued in 2020 for further information.

- [Diamorphine hydrochloride injection SmPC](#)
- [Morphine sulfate SmPC](#)
- [BNF \(prescribing in palliative care\)](#)
- [Obstetric Anaesthetists' Association: alternatives to intrathecal and epidural diamorphine for caesarean section analgesia](#)
- [Supply Disruption Alert Diamorphine 5mg and 10mg injection March 2020](#)

Enquiries

Enquiries from NHS provider trusts in England should in the first instance be directed to your RPPS, who will escalate to national teams if required.

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All other organisations should send enquiries about this notice to the DHSC Medicine Supply Team quoting reference number MSN/2022/024.

Email: DHSCmedicinesupplyteam@dhsc.gov.uk